SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM 10/ 565650 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AFTER AFTER AS FILED** AS FILED 1" AMENDMENT 2 [™] AMENDMENT 1st AMENDMENT 2 nd AMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>84</u> TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL TOTAL CLAIMS CLAIMS

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